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April 25, 2008  
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Marlene Capri  
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Marlene Capri  
Printed name

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Patent Application of Santiago Rull Prous *et al.* : Group Art Unit: 1655  
Appln. No.: 10/561,698 : Examiner: Susan Coe Hoffman  
Filed: March 22, 2007 : Confirmation No.: 8168  
For: LITCHI SINENSIS EXTRACTS CONTAINING OLIGOMERIC PROANTHOCYANIDINS AND PROCESSES OF MAKING THEREOF (as amended) : Attorney Docket No.: C 2815 PCT/US : Customer Number: 23657

**REQUEST FOR CORRECTED FILING RECEIPT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please make the following correction of the Filing Receipt for Serial No. 10/561,698.

In the **Applicant(s)** section the name of the second inventor should be corrected, as follows:

Smail Alaoui Ismaili, Cerdanyola del Valles, SPAIN

Thank you for your assistance in this matter.

Respectfully submitted,

April 25, 2008

Date

Cognis Corporation  
300 Brookside Avenue  
Ambler, PA 19002

John F. Daniels  
John F. Daniels  
Reg. No. 34,314  
Attorney for Applicants  
215-628-1413

Enc.: (1) Filing Receipt - Page 1 (true copy marked to show corrections)  
(2) Executed Declaration (true copy showing correct information)

*JFD/me*

## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING or 371(c) DATE	GRP ART UNIT	FIL FEE RECD	ATTY.DOCKET.NO	TOT CLAIMS	IND CLAIMS
10/561,698	03/22/2007	1655	1030	C 2815 PCT/US	11	3

CONFIRMATION NO. 8168

23657

COGNIS CORPORATION  
 PATENT DEPARTMENT  
 300 BROOKSIDE AVENUE  
 AMBLER, PA 19002

## FILING RECEIPT



OC00000026413961

Date Mailed: 10/25/2007

Receipt is acknowledged of this non-provisional patent application. The application will be taken up for examination in due course. Applicant will be notified as to the results of the examination. Any correspondence concerning the application must include the following identification information: the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt Incorporating the requested corrections

## Applicant(s)

Santiago Rull Prous, Barcelona, SPAIN;  
 Smail → Alaoui Ismaili, Cerdanyola del Valles, SPAIN;  
 Bernd Fabry, Korschenbroich, GERMANY;

Power of Attorney: The patent practitioners associated with Customer Number 23657

## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/EP04/06415 06/15/2004

## Foreign Applications

EUROPEAN PATENT OFFICE (EPO) 03014143.6 06/24/2003

If Required, Foreign Filing License Granted: 10/23/2007

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US 10/561,698**

Projected Publication Date: 01/31/2008

Non-Publication Request: No

Early Publication Request: No

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OCT 30 2007

page 1 of 3

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0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2815 PCT/US
<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>		First Named Inventor	Santiago RULL PROUS
<b>COMPLETE IF KNOWN</b>			
		Application Number	10/561,698
		Filing Date	
		Group Art Unit	
		Examiner Name	

Declaration Submitted OR  Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:  
My residence, post office address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LITCHI SINENSIS EXTRACTS CONTAINING OLIGOMERIC PROANTHOCYANIDINS

(Title of the Invention)

the specification of which  
 is attached hereto

OR  
 was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
YES	NO			
<input type="checkbox"/> 03014143.6	<input type="checkbox"/> EP	<input type="checkbox"/> 06/24/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box →

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## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365C of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
	PCT/EP2004/006415	06/15/2004	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name	23657	Customer Number	or label	
OR				
<input type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:				
Name	Registration Number	Name		Registration Number

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number	23657	OR	<input type="checkbox"/> Fill in correspondence address below
Name				
Address				
Address				
City		State		Zip
Country	Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Santiago	Middle Initial		Family Name	RULL PROUS	Suffix e.g. Jr.	
Inventor's Signature					Date	17.02.06	
Residence: City	Barcelona	State		Country	Spain	Citizenship	Spanish
Post Office Address	Francesc Carbonell 32-4a-2*						
Post Office Address							
City	08034 Barcelona	State	Zip	Country	Spain	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box +

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Smail	Middle Initial		Family Name	ALAoui ISMAILI		Suffix e.g. Jr.		
Inventor's Signature					Date	20.02.06			
Residence: City	Cerdanyola del Vallès	State		Country	Spain	Citizenship	Moroccan		
Post Office Address	Paseo Cordobes, 57, 4 <sup>th</sup> , 1a								
Post Office Address									
City	08290 Cerdanyola del Vallès	State	Zip	Country	Spain	Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Bernd	Middle Initial		Family Name	FABRY		Suffix e.g. Jr.		
Inventor's Signature					Date	02.03.06			
Residence: City	Korschenbroich	State		Country	Germany	Citizenship	German		
Post Office Address	Bruchstrasse 13								
Post Office Address									
City	41352 Korschenbroich	State	Zip	Country	Germany	Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State	Zip	Country		Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
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City		State	Zip	Country		Applicant Authority			
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